

ATPA Annual Assessment

Submission Required By:
ALL AUTO INSURERS

2004

Due 3/31/05

AUTO INSURERS:

Complete and submit this form with assessment payment, *to the* Automobile Theft Prevention Authority (ATPA).**Complete and submit this form even if no assessment is due.**

Send completed form with payment directly to the Michigan Department of State Police at the address below.

Do not send it to Office of Financial & Insurance Services.

Name and address of Company	NAIC Group number	NAIC Company code
	Contact person name and phone (please include area code and extension) ()	
	Total earned car years on all private passenger vehicles insured in 2004 (No-fault Personal Injury Protection)	
	ATPA ASSESSMENT <i>Multiply Total earned car years (above) by \$1.00</i>	\$

Do **NOT** send to Office of Financial and Insurance Services
SEND DIRECTLY TO:

MICHIGAN DEPARTMENT OF STATE POLICE
MANAGEMENT SERVICES DIVISION
714 S. HARRISON RD.
EAST LANSING MI 48823

Please make check payable to:
STATE OF MICHIGAN

For assistance with this form, please contact
Newt Shoup by phone at (517) 336-6693
or by email to shoupn@michigan.gov

Certification:

I have examined this completed form, and the information given is complete and correct. Amounts given are a true and complete statement of business done in Michigan during this reporting year.

Signature

Date signed

Signer's name and title, typed or printed

P.A. 174 of 1992 requires submission of this form by all Insurers liable for ATPA assessment. Failure to file could result in suspension, revocation or other action against insurer's Michigan certificate of authority.

STATE POLICE USE ONLY

Amount received	Check number	Date received	Received by
Receipt number	Deposit code	Date deposited	Deposited by